

NOTIFICATION/DISCLOSURES REQUIRED BY
EQUAL CREDIT OPPORTUNITY ACT

Associates Finance Inc.
17629 Halsted
Homewood, IL 604302008

02129336

November 24, 1998

Hugh Smith
15811 Paulina
Harvey, IL 60426

Exhibit 8A

Your request for credit has been denied.

You may, within 60 days of this notification, request a statement of reasons by contacting Associates at the address shown above.

Telephone Number: (708) 957-9656

If Associates chooses to provide the statement of reasons orally, you have the right to have any oral statements confirmed in writing. Associates must provide this written statement within 30 days after receiving your written request for confirmation.

EQUAL CREDIT OPPORTUNITY NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

DISCLOSURES REQUIRED BY THE FAIR CREDIT REPORTING ACT

- ☒ **CREDIT BUREAU DISCLOSURE:** The denial of your application for credit was based partly or wholly on information contained in a "consumer report" obtained from:

TRANS UNION CORPORATION
760 WEST SPROUL ROAD
SPRINGFIELD PA 19064-0390

The consumer reporting agency did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken. You have a right under the Fair Credit Reporting Act to know the information contained in your credit file. You may obtain a free copy of your consumer report by contacting the consumer reporting agency listed above no later than 60 days after you receive this notice. You have a right to dispute with the credit reporting agency the accuracy or completeness of any information in a consumer report furnished by the agency.

- ☐ **OTHER SOURCE DISCLOSURE:** The denial of your application for credit was based partly or wholly on information received from a person or company or store (a non-consumer reporting agency). You may within 60 days of your receipt of this notice make a written request for the disclosure of the nature of the information received. If the adverse action was based wholly or in part on information obtained from an affiliate, we will respond to you no later than 30 days after receipt of your request.

PO Box 6586
Madison WI 53716-0586

ADDRESS SERVICE REQUESTED

Exhibit

February 21, 2003

#BWNHRMD 209126 6751
#0221155100067516# 2813042-4103



Hugh Smith
55931 Short Hair Dr
Osceola IN 46561-9186



Debt Collection Professionals

Phone Number: (608) 661-3020

Toll Free: (800) 275-0930

Hours: Mon – Thurs 8:00 AM – 8:00 PM

Fri. 8:00 AM-5:00 PM Sat. 9:00 AM-1:00 PM

Walk In Hours: Mon – Fri 8:00 AM – 5:00 PM

STATE COLLECTION SERVICE, INC.

PO Box 6586

Madison WI 53716-0586



Fat 608 661 300 1

Account # 2813042

Amount: \$ 520.94

Lake

02, 24

Talked to him

and asked him
to hold off before reporting
this. Faxed over the information he
requested

*****Detach Upper Portion and Return with Payment*****

Creditor: Peoples Energy
Service Address: 13147 S Rhodes Ave Chicago IL 608271339
Amount Due: \$ 520.94
Service Date: 05/17/99
Account #: 2813042

This past due account has been referred to this office for debt collection. If you are or were married at the time this alleged debt was incurred please advise your spouse of this request and its notice provisions. If requested, we will provide a separate notice for your spouse. You may pay this amount by cash, check, money order, Visa, MasterCard or Discover. DETAILS BELOW. If requested, this office will notify you if and when it intends to report this claim to a credit bureau. Under no circumstances will it be reported within 30 days of this notice.

****IMPORTANT CONSUMER NOTICE****

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will: Obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

This communication is from a debt collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose.

This collection agency is licensed by: Office of the Administrator of the Division of Banking, PO Box 7876, Madison WI 53707.

ACCESS OUR 24 HOUR E Z PAY LINE FOR ACCOUNT INFORMATION AND PAYMENT OPTIONS

1. Call 608-441-5010 or toll free 877-677-4862
2. Enter your telephone number.
3. Enter your account number: 2813042
4. Enter your zip code.

Please call our

24 HOUR

E-Z PAY LINE

242R

For your account information and
payment options

If you wish to pay by VISA, MasterCard or Discover, fill in the information below and return the entire letter to us.

Account Number

Payment Amount**Expiration Date**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Card Holder Name
IONSTAT104103

Signature of Card Holder

Date _____

PEOPLES ENERGY

Peoples Gas
North Shore Gas

Mr. Hugh Smith
55931 Short Hair Dr
Osceola, IN 46561

February 5, 2003

RE: Acct # 8 5000 1398 1368
13147 S. Rhodes
Chicago, IL 60620

Dear Mr. Smith:

We were recently contacted by the Illinois Commerce Commission (ICC) regarding your gas bill. We understand your concern and want you to know that we conducted a thorough review of our records in an effort to resolve this billing issue. I apologize for any inconvenience this may have caused.

A review of our records indicates your name and social security number were used to obtain service at 13147 S. Rhodes from July 7, 1998 to May 17, 1999. Based on the above information, we will continue to hold you responsible unless you can provide a copy of a police report filed prior to July 7, 1998 showing your identification had been stolen.

We offer payment options to help you manage your bill. Please contact me at (312) 240-7351 and we can make arrangements that are convenient for you.

Thank you for your patience as we looked into this matter. A copy of this letter has been mailed to the Illinois Commerce Commission.

Sincerely,

K. Staley

K. Staley
Special Services

2/11/03

254
7728

Fox 32 News - (312) 565 - 5532

Channel 7 - (312) 750 - 7070
entert. Attorney
General's office

130 East Randolph Dr • Chicago, IL 60601 • (312) 240-4000

Attn: c/o 312 811 -



ILLINOIS COMMERCE COMMISSION

March 11, 2003

Hugh Smith Jr.
55931 Short Hair Dr.
Osceola, IN 46561

Dear Sir/Madam:

In response to your request, we are enclosing the following information for filing a formal complaint:

- 1 blank formal complaint form
- 1 sample formal complaint form
- 1 copy of the Illinois Commerce Commission's Rules of Practice (Note Sections 200.150 & 200.170)
- 1 Quick Reference Guide

Please return, to my attention, the original and one (1) copy of the formal complaint. One copy will be served on the respondent.

Please note the verification paragraph on the second page of the form which must be signed and notarized by a notary public. Failure to complete the verification portion of the form will result in the complaint form being returned to you.

Sincerely,

Elizabeth A. Rolando
Elizabeth A. Rolando
Chief Clerk

EAR:cp
cc: DoSean Harvell

Enclosures